

## Arizona Board of Occupational Therapy Examiners

5060 North 19<sup>th</sup> Avenue, Suite 209  
Phoenix, AZ 85015  
(602) 589-8352

### INITIAL APPLICATION INSTRUCTIONS

CAREFULLY READ INSTRUCTIONS.

**ALL DOCUMENTS MUST BE RECEIVED 5 STATE BUSINESS DAYS PRIOR TO A BOARD MEETING.**

The Board WILL NOT review an application until all documentation has been received.

Please call the above number for Board meeting dates and times.

### SECTION I: PERSONAL INFORMATION

#### **BOX**

- A. - C. Full name. Do not use nicknames.
- D. Name as you want it to appear on license. Initials or nicknames are acceptable, but titles are not. (Ph.D., CHT, OTR, etc.)
- E. Other names used (maiden name, former names or nicknames).
- F. Home address. If a business address not provided, then the home address is public information.
- G. Mailing address for correspondence purpose, if different from home address.
- H. Employer's name and address.
- I. National Board Certification of Occupational Therapy (NBCOT) certification number.
- J. Date NBCOT certification was granted. This must be a current date.
- K. The number of times you took the NBCOT Examination.
- L. Social Security Number; required and is shared with the AZ Department of Economic Security for verification of child support mandates.
- M. Gender.
- N. (Area code) and business telephone number.
- O. (Area code) and home telephone number.

### SECTION II: TYPE OF LICENSURE

- A. Check the type of licensure for which you are applying. Submit with application either a **CERTIFIED CHECK, MONEY ORDER, OR CASH** for the total amount and make payable to the AZ Board of Occupational Therapy Examiners. Fees are NON-REFUNDABLE

A limited permit may be issued to a nonlicensed person who is waiting to take the NBCOT examination. Limited Permittees may practice occupational therapy only under the direct supervision of a licensed Occupational Therapist. The Occupational Therapist must be on the premises at all times while the limited permittee is providing occupational therapy services.

### SECTION III: PROFESSIONAL EXPERIENCE AND/OR FIELDWORK (Within the last five years.)

- |                 |                               |
|-----------------|-------------------------------|
|                 | (List most recent first)      |
| A, D, G, J & M. | Facility name and address.    |
| B, E, H, K & N. | Position held.                |
| C, F, I, L & O. | Inclusive dates (month/year). |

### SECTION IV: EDUCATION (List most recent first)

- A. Name of the college or university and the city and state.
- B. Inclusive dates (month/year) attended college or university.
- C. Date of graduation.
- D. Type of degree received.

## SECTION V: CURRENT OR PREVIOUS LICENSURE/CERTIFICATION

- A. Check appropriate "yes" or "no" answer.  
B. List all the states or countries you are/were licensed to practice occupational therapy. Have each state complete and submit a "Verification of Licensure Status" form to this Board.  
C, F, I & L. State or country in which you hold or have held a license to practice.  
D, G, J & M. License number for each state or country.  
E, H, K & N. Current status of each license.

## SECTION VI: DISCIPLINARY ACTIONS

- A. Check appropriate response. A "yes response must include a statement describing the charge(s), the final disposition of charge(s), city/county, state, and court in which the charges were filed. Attach additional pages as necessary.  
B. Check appropriate response.  
C. Check appropriate response.

## SUMMARY OF DOCUMENTS REQUIRED

Occupational Therapist	Occupational Therapy Assistant	Limited Permit
Completed application signed and notarized	Completed application signed and notarized	Completed application signed and notarized
<b>NBCOT Verification-Must be sent directly from the office of NBCOT</b>	<b>NBCOT Verification-Must be sent directly from the office of NBCOT</b>	Letter of completion from your college/university
Two (2) Professional Recommendation forms with original signatures	Two (2) Professional Recommendation forms with original signatures	Two (2) Professional Recommendation forms with original signatures
Certified check, money order, or cash for application & licensing fees	Certified check, money order, or cash for application & licensing fees	Direct Supervision Agreement Form completed and signed
Completed fingerprint card and fingerprint processing fees	Completed fingerprint card and fingerprint processing fees	Certified check, money order, or cash for application & licensing fees
		Completed fingerprint card and fingerprint processing fees

### NOTE

**\*\*\*\*Fingerprint cards can be obtained by calling the Board Office.\*\*\*\***

ALL DOCUMENTS MUST BE RECEIVED FIVE STATE BUSINESS DAYS PRIOR TO A BOARD MEETING.

**THERE WILL BE NO EXCEPTIONS TO THIS RULE!**

**NO FAXED DOCUMENTS WILL BE ACCEPTED !!!!**